

**U.S. DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS INNOVATION RESEARCH PROGRAM  
SOLICITATION NO. DTRT57-13-R-SBIR1**

**FY13.1**

**PROPOSAL COVER SHEET**

Project Title: \_\_\_\_\_

Research Topic \_\_\_\_\_

No.: \_\_\_\_\_

Research Topic \_\_\_\_\_

Title : \_\_\_\_\_

Submitted by: \_\_\_\_\_ Company Name

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Representations & Certifications System for Award Management Valid Until \_\_\_\_\_ (Date)

<https://www.sam.gov>

Online Representations and Certifications Valid Until \_\_\_\_\_ (Date)

<https://www.sam.gov>

Amount Requested \$ (May be up to \$150, 000 unless otherwise indicated)

Proposed Duration (in months) (Not to exceed 6 months)

Congressional District No.\*: \_\_\_\_\_

\*To locate your congressional district number, proceed to the link: <http://www.govtrack.us/congress/members>

By signing and submitting this coversheet under Solicitation No. DTRT57-13-R-SBIR1, Topic No. \_\_\_\_\_, certifies that:

1. The above firm, together with its affiliate's \_\_\_\_\_ is \_\_\_\_\_ is not a small business firm and meets the definition stated in Section II.B; and that it meets the eligibility requirement in Section I.E.
2. The SBIR Applicant is (check one):
  - a. ☐ at least 51% owned and controlled by one or more individuals who are citizens of the United States, or permanent resident aliens in the United States; or
  - b. ☐ at least 51% owned and controlled by another business concern that is itself at least 51% owned and controlled by individuals who are citizens of, or permanent resident aliens in the United States; or
  - c. ☐ a joint venture in which each entity to the venture meets the requirements set forth in 2.a or 2.b above.
3. The above firm, \_\_\_\_\_ will \_\_\_\_\_ will not primarily employ the Principal Investigator at the time of award and during the conduct of research.

4. The above firm \_\_\_\_\_ does \_\_\_\_\_ does not qualify as a socially or economically disadvantaged small business as defined in Section II.C. (The information is for statistical purposes only.)
5. The above firm \_\_\_\_\_ does \_\_\_\_\_ does not qualify as a women-owned small business as defined in Section II.D. (The information is for statistical purposes only.)
6. The above firm \_\_\_\_\_ does \_\_\_\_\_ does not qualify as a HUB Zone-owned small business and meet the definition as stated in this Section II. G
7. The above firm and/or Principal Investigator \_\_\_\_\_ has, \_\_\_\_\_ has not submitted proposals containing the same, or a significant portion of equivalent or overlapping work to other Federal agencies. (If yes, identify proposals in the Section III. D.10., Similar Proposals.)
8. The above firm and/or Principal Investigator \_\_\_\_\_ has, \_\_\_\_\_ has not been funded under any other Federal grant, contract or subcontract program solicitations, or has received other Federal awards to conduct essentially equivalent work or overlapping work. (If yes, identify proposals in the Section III. D.10., Awards.)
9. The Principal Investigator's primary employment \_\_\_\_\_ is, \_\_\_\_\_ is not with the above firm.
10. The above firm \_\_\_\_\_ will, \_\_\_\_\_ will not permit the Government to disclose the title and technical abstract of your proposed project, plus the name, address, and telephone number of the Corporate/Business Official and Principal Investigator of your firm, if your proposal is recommended for award, to any party that may be interested in contacting you for further information?
11. By signing and submitting this proposal, you are authorizing the DOT SBIR Program permission to disclose the title and abstract of the proposed project, as well as the name and other information of the corporate official to appropriate local and state economic development organizations, if the proposal does not result in an SBIR award.

By signing and submitting this proposal in response to Solicitation No. DTRT57-13-R-SBIR1, Topic No. \_\_\_\_\_, I am representing on my own behalf, and on behalf of the SBIR applicant, that the information provided in this certification, the application, and all other information submitted in connection with this application, is true and correct as the date of the submission. I acknowledge that any intentional or negligent misrepresentation of the information contained in this certification may result in criminal, civil or administrative sanctions, including but not limited to: (1) fines, restitution and/or imprisonment under 18 U.S.C. § 1001; (2) treble damages and civil penalties under the False Claims Act (31 U.S.C. § 3729 *et seq.*); (3) double damages and civil penalties under the Program Fraud Civil Remedies Act (31 U.S.C. § 3801 *et seq.*); (4) civil recovery of award funds, (5) suspension and/or debarment from all Federal procurement and non-procurement transactions (FAR Subpart 9.4 or 2 C.F.R. part 180); and (5) other administrative penalties including termination of SBIR awards.

Principal Investigator

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Corporate/Business Official

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_

**PROPRIETARY NOTICE (IF APPLICABLE, SEE SECTION V.D.1)**

**U.S. DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS INNOVATION RESEARCH PROGRAM  
SOLICITATION NO. DTRT57-13-R-SBIR1  
FY13.1  
PROJECT SUMMARY**

Name and Address of Offeror	
	Proposal No.

Name and Title of Principal Investigator

Project Title

Research Topic No.

Research Topic Title

Technical Abstract (Limited to two hundred words in this space only with no classified or proprietary information/data).

Anticipated Results/Potential Commercial Applications of Results.

Provide key word (eight maximum) description of the project useful in identifying the technology, research thrust, and/or potential commercial application.

**U.S. DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS INNOVATION RESEARCH PROGRAM  
CONTRACT PRICING PROPOSAL  
FY13.1**

Topic No:				
Offerors Project Title:				
Name of Offeror:				
Address:				
City, State, Zip:				
Offerors Point of Contact:				
Title of Offerors Point of Contact:				
Telephone:				
E-mail:				
DUNS No. :				
Tax Identification No.:				
To best of my knowledge and belief, cost and pricing data are true and complete, and current as of the date of signature below. I understand that the willful provision of false information or concealing a material fact in this report or any other communication submitted to DOT is a criminal offense (U.S. Code, Title 18, Section 1001).				
THE COST PROPOSAL MUST BE SIGNED BY A RESPONSIBLE OFFICIAL OF THE FIRM.				
Authorized Company Officer:				
Printed				
Name _____				
Title _____				
Signature _____ Date: _____				
1	<b>Total Firm Fixed Price Proposal Amount</b>			\$ _____
2.	<b>Direct Material Costs</b>			
	a. Purchased Parts & Subcontracted Items			\$ _____
	Description	Unit Price	Qty	Total

Topic No:					
Offerors Project Title:					
Name of Offeror:					
	b. Raw Materials				\$
	Description	Unit Price	Qty	Total	
	c. Standard Commercial Items				\$
	Description	Unit Price	Qty	Total	
<b>Total Direct Materials (TDM)</b>				\$	
3	<b>Materials Overhead</b>				
		Rate	Amount		
	<b>Total Material Overhead (TMO)</b>		\$		
		%			
4	<b>Total Materials (TDM + TMO)</b>				\$
5	<b>Direct Labor</b>				
	Type / Personnel	Hours	Rate (\$ / Hr)	Cost	
				\$	
				\$	
				\$	
	<b>Total Direct Labor (TDL)</b>				\$
6	<b>Labor Overhead (TDL x Overhead Rate)</b>				
		Rate	Amount		
	<b>Total Labor Overhead (TLO)</b>		\$		
		%			
7	<b>Labor: Fringe Benefits (TDL x Benefit Rate)</b>				
		Rate (% or \$ / Hr)	Amount		
	<b>Fringe Benefits</b>		\$		
8	<b>Total Labor (TDL + TLO + Fringe)</b>				Amount

Topic No:					
Offerors Project Title:					
Name of Offeror:					
				\$ <input type="text"/>	
9	<b>Direct Costs: Special Testing</b> (Include field work at Government installations)				
	Item and Anticipated Use		Unit Cost	Estimated Cost	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
	<b>Estimated Total Special Testing</b>			\$ <input type="text"/>	
10	<b>Direct Costs: Special Equipment</b>				
	Item and Anticipated Use		Unit Cost	Amount	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
	<b>Estimated Total Special Equipment</b>			\$ <input type="text"/>	
11	<b>Direct Costs: Travel</b>				
	Travel Location	Mode of Travel	Number of Trips	Per Diem	Amount
					\$ <input type="text"/>
					\$ <input type="text"/>
	<b>Travel</b>				\$ <input type="text"/>
12	<b>Direct Costs: Consultant Services</b>				
	Description of Service			Amount	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
	<b>Total Consultant Services</b>			\$ <input type="text"/>	
13	<b>Direct Costs: Other Direct Costs (ODC)</b>				
	Item & Anticipated Use		Unit Cost if applicable	Amount	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
				\$ <input type="text"/>	
	<b>Total ODCs</b>			\$ <input type="text"/>	
14	<b>Total Direct Costs (TDC) (Sums of Line No. 9 – 13)</b>			Amount	
				\$ <input type="text"/>	

15	<b>General &amp; Administrative Expense</b> (Total Materials + Total Labor + Total ODC) x Rate)		
		Rate %	Amount
			\$
16	<b>Royalties</b>		
	Description	Amount	
	Total	\$	
17	<b>Total Cost</b> (Sums of lines 4, 8, 14, 15 & 16)		Amount
			\$
18	<b>Profit</b> (Total Cost x Profit Rate)		
		Rate %	Calculated Amount
			\$
19	<b>Total Firm Fixed Price Amount</b> (Total Cost + Profit)	\$	
20	<p>An executive agency of the United States Government ____ has ____ has not performed any review of your accounts or records in connection with any other Government prime contract or subcontract within the past twelve months? If one has, then provide a copy of the audit report and the name and address of the reviewing office, name of the individual and telephone/extension below</p> <p>_____</p> <p>_____</p> <p>_____</p>		
21	<p>Government property ____ is ____ is not required in the performance of this proposal? If yes, identify.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
22	<p>Government contract financing ____ is, ____ is not required to perform this proposed contract? If yes, specify type as advanced payments or progress payments.</p>		



## APPENDIX D

**U.S. DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS INNOVATION RESEARCH PROGRAM  
SOLICITATION NO. DTRT57-13-R-SBIR1  
FY13.1  
PROPOSAL CHECKLIST**

This is a CHECKLIST OF REQUIREMENTS for your proposal. Please review the checklist carefully to assure that your proposal meets the DOT SBIR requirements. Failure to meet these requirements may result in your proposal being returned without consideration. (See Sections III of this Solicitation). **Do not include this checklist with your proposal.**

- \_\_\_\_\_ 1. The proposal reflects the fact that for Phase I a minimum of two-thirds (and for Phase II a minimum of one-half) of the research and/or analytical effort will be performed by the proposing firm as required (see Sections V.H.1 and V.H.2) and the primary employment of the principal investigator (for both Phase I and Phase II) must be with the small business firm at the time of award and during the conduct of the proposed research as required (see Section I.E).
- \_\_\_\_\_ 2. The proposal is submitted according to the requirements described in Section III.
- \_\_\_\_\_ 3. The proposal is limited to only ONE of the research topics in Section VI.
- \_\_\_\_\_ 4. The proposal budget **may be up to \$150,000 unless otherwise indicated in the solicitation** and duration does not exceed six months.
- \_\_\_\_\_ 5. The technical abstract contains no proprietary information, does not exceed 200 words, and is limited to the space provided on the Project Summary sheet (Appendix B).
- \_\_\_\_\_ 6. The proposal contains no type smaller than ten point font size.
- \_\_\_\_\_ 7. The COVER SHEET (Appendix A) has been completed and is PAGE one and two of the proposal.
- \_\_\_\_\_ 8. The PROJECT SUMMARY (Appendix B) has been completed and is PAGE three of the proposal.
- \_\_\_\_\_ 9. The TECHNICAL CONTENT of the proposal begins on PAGE four and includes the items identified in SECTION III.D of the Solicitation.

- \_\_\_\_\_ 10. The Contract Pricing Proposal (Appendix C) has been signed and is included as the last section of the proposal.
- \_\_\_\_\_ 11. The additional information on prior Phase II awards, if required, in accordance with Section III.G is included.
- \_\_\_\_\_ 12. The proposal must be a PDF file and submitted online by 11:59 p.m., March 4, 2013.  
**Proposals may only be submitted online, a link to the web form can be found here:**  
**<http://www.volpe.dot.gov/sbir/current.html>. Proposals received via email will not be**  
**accepted. Do not send duplicate proposals via email or by any other means.** Instructions for online submission are included on the submission page.